

Fill in this information to identify the case:

United States Bankruptcy Court for the:

Western District of OklahomaCase number (if known): _____ Chapter **11**☐ Check if this is an amended filing**Official Form 201****Voluntary Petition for Non-Individuals Filing for Bankruptcy****06/24**

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and the case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. Debtor's name**Flores Pediatrics, LLC****2. All other names debtor used in the last 8 years**

Include any assumed names, trade names, and *doing business as names*

3. Debtor's federal Employer Identification Number (EIN)**7 2 - 1 5 6 0 9 3 7****4. Debtor's address****Principal place of business****Mailing address, if different from principal place of business****415 East Main Street, Building B**

Number Street

Yukon, OK 73099

City State ZIP Code

Canadian

County

Number Street

City State ZIP Code

Location of principal assets, if different from principal place of business

Number Street

City State ZIP Code

5. Debtor's website (URL)**6. Type of debtor**☒ Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))☐ Partnership (excluding LLP)☐ Other. Specify: _____

Debtor **Flores Pediatrics, LLC**

Name

Case number (if known) _____

7. Describe debtor's business

A. Check one:

- ☒ Health Care Business (as defined in 11 U.S.C. § 101(27A))
- ☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- ☐ Railroad (as defined in 11 U.S.C. § 101(44))
- ☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
- ☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
- ☐ Clearing Bank (as defined in 11 U.S.C. § 781(3))
- ☐ None of the above

B. Check all that apply:

- ☐ Tax-exempt entity (as described in 26 U.S.C. § 501)
- ☐ Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. § 80a-3)
- ☐ Investment advisor (as defined in 15 U.S.C. § 80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor. See <http://www.uscourts.gov/four-digit-national-association-naics-codes>.

8. Under which chapter of the Bankruptcy Code is the debtor filing?

Check one:

- ☐ Chapter 7
- ☐ Chapter 9
- ☒ Chapter 11. Check all that apply:
- ☐ Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$3,024,725 (amount subject to adjustment on 4/01/25 and every 3 years after that).
- ☒ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). If the debtor is a small business debtor, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if all of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
- ☒ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D), and it chooses to proceed under Subchapter V of Chapter 11.
- ☐ A plan is being filed with this petition.
- ☐ Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
- ☐ The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the *Attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11* (Official Form 201A) with this form.
- ☐ The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.
- ☐ Chapter 12

9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?☒ No

☐ Yes. District _____ When _____ Case number _____
MM / DD / YYYY

District _____ When _____ Case number _____
MM / DD / YYYY

If more than 2 cases, attach a separate list.

10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?☒ No

☐ Yes. Debtor _____ Relationship _____

District _____ When _____
MM / DD / YYYY

Case number, if known _____

List all cases. If more than 1, attach a separate list.

Debtor **Flores Pediatrics, LLC**
Name

Case number (if known)

11. Why is the case filed in this district?

Check all that apply:

- ☒ Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.
- ☐ A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?☒ No☐ Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.**Why does the property need immediate attention?** (Check all that apply.)

☐ It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.
What is the hazard?

☐ It needs to be physically secured or protected from the weather.

☐ It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).

☐ Other**Where is the property?**

Number Street

City

State

ZIP Code

Is the property insured?☐ No☐ Yes.

Insurance agency

Contact name

Phone

Statistical and administrative information**13. Debtor's estimation of available funds?**

Check one:

- ☐ Funds will be available for distribution to unsecured creditors.
- ☒ After any administrative expenses are paid, no funds will be available for distribution to unsecured creditors.

14. Estimated number of creditors

☒ 1-49 ☐ 50-99 ☐ 1,000-5,000 ☐ 5,001-10,000 ☐ 25,001-50,000 ☐ 50,000-100,000

☐ 100-199 ☐ 200-999 ☐ 10,001-25,000 ☐ More than 100,000

15. Estimated assets

☒ \$0-\$50,000 ☐ \$1,000,001-\$10 million ☐ \$500,000,001-\$1 billion

☐ \$50,001-\$100,000 ☐ \$10,000,001-\$50 million ☐ \$1,000,000,001-\$10 billion

☐ \$100,001-\$500,000 ☐ \$50,000,001-\$100 million ☐ \$10,000,000,001-\$50 billion

☐ \$500,001-\$1 million ☐ \$100,000,001-\$500 million ☐ More than \$50 billion

Debtor Flores Pediatrics, LLC
Name

Case number (if known) _____

16. Estimated liabilities

- | | | |
|---|--|--|
| <input type="checkbox"/> \$0-\$50,000 | <input type="checkbox"/> \$1,000,001-\$10 million | <input type="checkbox"/> \$500,000,001-\$1 billion |
| <input type="checkbox"/> \$50,001-\$100,000 | <input type="checkbox"/> \$10,000,001-\$50 million | <input type="checkbox"/> \$1,000,000,001-\$10 billion |
| <input type="checkbox"/> \$100,001-\$500,000 | <input type="checkbox"/> \$50,000,001-\$100 million | <input type="checkbox"/> \$10,000,000,001-\$50 billion |
| <input checked="" type="checkbox"/> \$500,001-\$1 million | <input type="checkbox"/> \$100,000,001-\$500 million | <input type="checkbox"/> More than \$50 billion |

Request for Relief, Declaration, and Signatures**WARNING --**

Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

17. Declaration and signature of authorized representative of debtor

- The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.
- I have been authorized to file this petition on behalf of the debtor.
- I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 11/01/2024
MM/ DD/ YYYY**X**/s/ Catherine Flores

Signature of authorized representative of debtor

Catherine Flores

Printed name

Title Member/Owner

18. Signature of attorney

X/s/ Amanda R. Blackwood

Signature of attorney for debtor

Date 11/01/2024

MM/ DD/ YYYY

Amanda R. Blackwood

Printed name

Blackwood Law Firm, PLLC

Firm name

512 NW 12th Street

Number Street

Oklahoma City

City

OK

State

73103

ZIP Code

(405) 309-3600

Contact phone

amanda@blackwoodlawfirm.com

Email address

33839

Bar number

OK

State

Fill in this information to identify the case:

Debtor Name **Flores Pediatrics, LLC**United States Bankruptcy Court for the: **Western** District of **Oklahoma**
(State)

Case number (If known): _____

☐ Check if this is an amended filing**Official Form 206A/B****Schedule A/B: Assets — Real and Personal Property**

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents**1. Does the debtor have any cash or cash equivalents?**

- ☐ No. Go to Part 2.
☒ Yes. Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor**Current value of debtor's interest****2. Cash on hand****3. Checking, savings, money market, or financial brokerage accounts** (Identify all)

Name of institution (bank or brokerage firm)

Type of account

Last 4 digits of account number

3.1. **InterBank****Checking account****1 8 5 5****\$11,940.00****4. Other cash equivalents** (Identify all)

4.1 _____

4.2 _____

5. Total of Part 1

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$11,940.00**Part 2: Deposits and prepayments****6. Does the debtor have any deposits or prepayments?**

- ☒ No. Go to Part 3.
☐ Yes. Fill in the information below.

Current value of debtor's interest**7. Deposits, including security deposits and utility deposits**

Description, including name of holder of deposit

7.1 _____

7.2 _____

Debtor **Flores Pediatrics, LLC**
Name

Case number (if known) _____

8. Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent

Description, including name of holder of prepayment

8.1 _____

8.2 _____

9. Total of Part 2

Add lines 7 through 8. Copy the total to line 81.

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Part 3: Accounts receivable**10. Does the debtor have any accounts receivable?**☐ No. Go to Part 4.☒ Yes. Fill in the information below.Current value of
debtor's interest**11. Accounts receivable**

11a. 90 days old or less:	<u>\$25,000.00</u>	-	<u>unknown</u>	=..... →	<u>\$25,000.00</u>
	face amount		doubtful or uncollectible accounts		

11b. Over 90 days old:	_____	-	_____	=..... →	_____
	face amount		doubtful or uncollectible accounts		

12. Total of Part 3

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

\$25,000.00

Part 4: Investments**13. Does the debtor own any investments?**☒ No. Go to Part 5.☐ Yes. Fill in the information below.Valuation method used
for current valueCurrent value of
debtor's interest**14. Mutual funds or publicly traded stocks not included in Part 1**

Name of fund or stock:

14.1 _____

14.2 _____

15. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including any interest in an LLC, partnership, or joint venture

Name of entity:

% of
ownership:

15.1. _____

15.2. _____

16. Government bonds, corporate bonds, and other negotiable and non-negotiable instruments not included in Part 1

Describe:

Debtor **Flores Pediatrics, LLC**
Name _____

Case number (if known) _____

16.1 _____

16.2 _____

17. **Total of Part 4**

Add lines 14 through 16. Copy the total to line 83.

Part 5: Inventory, excluding agriculture assets18. **Does the debtor own any inventory (excluding agriculture assets)?**☐ No. Go to Part 6.☒ Yes. Fill in the information below.

General description	Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
19. Raw materials				
_____	MM / DD / YYYY	_____	_____	_____
20. Work in progress				
_____	MM / DD / YYYY	_____	_____	_____
21. Finished goods, including goods held for resale				
_____	MM / DD / YYYY	_____	_____	_____
22. Other inventory or supplies				
Medical supplies	_____	unknown	_____	\$500.00
	MM / DD / YYYY			

23. **Total of Part 5**

Add lines 19 through 22. Copy the total to line 84.

\$500.00

24. **Is any of the property listed in Part 5 perishable?**☒ No☐ Yes25. **Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?**☒ No☐ Yes. Book value _____ Valuation method _____ Current value _____26. **Has any of the property listed in Part 5 been appraised by a professional within the last year?**☒ No☐ Yes**Part 6:** Farming and fishing-related assets (other than titled motor vehicles and land)27. **Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?**☒ No. Go to Part 7.☐ Yes. Fill in the information below.

Debtor **Flores Pediatrics, LLC**
 Name _____

Case number (if known) _____

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
28. Crops—either planted or harvested			
29. Farm animals <i>Examples:</i> Livestock, poultry, farm-raised fish			
30. Farm machinery and equipment (Other than titled motor vehicles)			
31. Farm and fishing supplies, chemicals, and feed			
32. Other farming and fishing-related property not already listed in Part 6			
33. Total of Part 6 Add lines 28 through 32. Copy the total to line 85.			<div style="border: 1px solid black; width: 100px; height: 20px;"></div>
34. Is the debtor a member of an agricultural cooperative?			
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Is any of the debtor's property stored at the cooperative? <input type="checkbox"/> No <input type="checkbox"/> Yes			
35. Has any of the property listed in Part 6 been purchased within 20 days before the bankruptcy was filed?			
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Book value _____ Valuation method _____ Current value _____			
36. Is a depreciation schedule available for any of the property listed in Part 6?			
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
37. Has any of the property listed in Part 6 been appraised by a professional within the last year?			
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
Part 7: Office furniture, fixtures, and equipment; and collectibles			
38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?			
<input type="checkbox"/> No. Go to Part 8. <input checked="" type="checkbox"/> Yes. Fill in the information below.			
General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39. Office furniture			

Debtor **Flores Pediatrics, LLC** Case number (if known) _____
 Name _____

	Tables, chairs, desk and patient bed	unknown	\$500.00
40.	Office fixtures		
41.	Office equipment, including all computer equipment and communication systems equipment and software		
	Spirometer	unknown	\$150.00
	2 HP Laptops	unknown	\$300.00
	4 Brother printers	unknown	\$500.00
	9 Dell computers	unknown	\$2,500.00
	Medical equipment	unknown	\$500.00
	Server	unknown	\$2,500.00
42.	Collectibles <i>Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles</i>		
42.1			
42.2			
42.3			
43.	Total of Part 7 Add lines 39 through 42. Copy the total to line 86.		\$6,950.00
44.	Is a depreciation schedule available for any of the property listed in Part 7? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
45.	Has any of the property listed in Part 7 been appraised by a professional within the last year? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Part 8: Machinery, equipment, and vehicles			
46.	Does the debtor own or lease any machinery, equipment, or vehicles? <input type="checkbox"/> No. Go to Part 9. <input checked="" type="checkbox"/> Yes. Fill in the information below.		
	General description Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)	Net book value of debtor's interest (Where available)	Valuation method used for current value
			Current value of debtor's interest
47.	Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles		
47.1	2022 Hyundai Tucson / Lien in favor of Bank of America - Borrower is Catherine Flores	unknown	\$0.00

Debtor **Flores Pediatrics, LLC**
 Name _____

Case number (if known) _____

48. **Watercraft, trailers, motors, and related accessories** Examples:
 Boats, trailers, motors, floating homes, personal watercraft, and fishing
 vessels

48.1 _____

48.2 _____

49. **Aircraft and accessories**

49.1 _____

49.2 _____

50. **Other machinery, fixtures, and equipment (excluding farm
 machinery and equipment)**

51. **Total of Part 8**

Add lines 47 through 50. Copy the total to line 87.

\$0.00

52. **Is a depreciation schedule available for any of the property listed in Part 8?**

☒ No

☐ Yes

53. **Has any of the property listed in Part 8 been appraised by a professional within the last year?**

☒ No

☐ Yes

Part 9: Real property

54. **Does the debtor own or lease any real property?**

☒ No. Go to Part 10.

☐ Yes. Fill in the information below.

55. **Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest**

Description and location of property
 Include street address or other description such
 as Assessor Parcel Number (APN), and type of
 property (for example, acreage, factory,
 warehouse, apartment or office building), if
 available.

**Nature and extent
 of debtor's interest
 in property**

**Net book value of
 debtor's interest**
 (Where available)

**Valuation method used
 for current value**

**Current value of
 debtor's interest**

55.1 _____

55.2 _____

55.3 _____

55.4 _____

55.5 _____

55.6 _____

56. **Total of Part 9**

Add the current value on lines 55.1 through 55.6 and entries from any additional sheets. Copy the total to line 88.

Debtor **Flores Pediatrics, LLC**
Name

Case number (if known) _____

57. Is a depreciation schedule available for any of the property listed in Part 9?

- ☒ No
☐ Yes

58. Has any of the property listed in Part 9 been appraised by a professional within the last year?

- ☒ No
☐ Yes

Part 10: Intangibles and intellectual property

59. Does the debtor have any interests in intangibles or intellectual property?

- ☐ No. Go to Part 11.
☒ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
60. Patents, copyrights, trademarks, and trade secrets			
61. Internet domain names and websites			
62. Licenses, franchises, and royalties			
63. Customer lists, mailing lists, or other compilations			
Patient list	unknown		\$4,000.00
64. Other intangibles, or intellectual property			
65. Goodwill			
66. Total of Part 10 Add lines 60 through 65. Copy the total to line 89.			\$4,000.00

67. Do your lists or records include personally identifiable information of customers (as defined in 11 U.S.C. §§ 101(41A) and 107)?

- ☒ No
☐ Yes

68. Is there an amortization or other similar schedule available for any of the property listed in Part 10?

- ☒ No
☐ Yes

69. Has any of the property listed in Part 10 been appraised by a professional within the last year?

- ☒ No
☐ Yes

Part 11: All other assets

Debtor **Flores Pediatrics, LLC**
 Name _____

Case number (if known) _____

70. Does the debtor own any other assets that have not yet been reported on this form?

Include all interests in executory contracts and unexpired leases not previously reported on this form.

- ☒ No. Go to Part 12.
☐ Yes. Fill in the information below.

**Current value of
debtor's interest**

71. Notes receivable

Description (include name of obligor)

_____	_____	-	_____	= →	_____
	Total face amount		doubtful or uncollectible amount		

72. Tax refunds and unused net operating losses (NOLs)

Description (for example, federal, state, local)

_____	Tax year _____	_____
_____	Tax year _____	_____
_____	Tax year _____	_____

73. Interests in insurance policies or annuities

74. Causes of action against third parties (whether or not a lawsuit has been filed)

Nature of claim _____

Amount requested _____

75. Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims

Nature of claim _____

Amount requested _____

76. Trusts, equitable or future interests in property

77. Other property of any kind not already listed *Examples: Season tickets, country club membership*

78. Total of Part 11

Add lines 71 through 77. Copy the total to line 90.

Debtor **Flores Pediatrics, LLC**
 Name _____

Case number (if known) _____

79. Has any of the property listed in Part 11 been appraised by a professional within the last year?

☒ No

☐ Yes

Part 12: Summary

In Part 12 copy all of the totals from the earlier parts of the form.

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1.</i>	<u>\$11,940.00</u>	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	<u> </u>	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	<u>\$25,000.00</u>	
83. Investments. <i>Copy line 17, Part 4.</i>	<u> </u>	
84. Inventory. <i>Copy line 23, Part 5.</i>	<u>\$500.00</u>	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	<u> </u>	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	<u>\$6,950.00</u>	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	<u>\$0.00</u>	
88. Real property. <i>Copy line 56, Part 9.</i> →		<div style="border: 1px solid black; width: 100px; height: 20px; margin-top: 5px;"></div>
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	<u>\$4,000.00</u>	
90. All other assets. <i>Copy line 78, Part 11.</i>	+ <u> </u>	
91. Total. <i>Add lines 80 through 90 for each column.</i>91a.	<div style="border: 1px solid black; padding: 2px;"><u>\$48,390.00</u></div>	+ 91b. <div style="border: 1px solid black; width: 100px; height: 20px; margin-top: 5px;"></div>
92. Total of all property on Schedule A/B. Lines 91a + 91b = 92.		<div style="border: 1px solid black; padding: 2px;"><u>\$48,390.00</u></div>

Fill in this information to identify the case:

Debtor name Flores Pediatrics, LLCUnited States Bankruptcy Court for the: Western District of Oklahoma
(State)

Case number (if known): _____

☐ Check if this is an amended filing**Official Form 206D****Schedule D: Creditors Who Have Claims Secured by Property**

12/15

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

- ☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims**2. List in alphabetical order all creditors who have secured claims.** If a creditor has more than one secured claim, list the creditor separately for each claim.**Column A****Amount of claim**

Do not deduct the value of collateral.

Column B**Value of collateral that supports this claim****2.1 Creditor's name**Rapid Finance**Creditor's mailing address**4500 East West Highway 6th FloorBethesda, MD 20814**Creditor's email address, if known**

Date debt was incurred

Last 4 digits of account number2 0 0 9**Do multiple creditors have an interest in the same property?**

- ☐ No
- ☒ Yes. Specify each creditor, including this creditor, and its relative priority.

See continuation page.**Describe debtor's property that is subject to a lien**2 HP Laptops, 4 Brother printers, 9 Dell computers, Accounts receivable, InterBank, Medical equipment, Medical supplies, Patient list, Server, Spirometer, Tables, chairs, desk and patient bed**Describe the lien**

Is the creditor an insider or related party?

- ☒ No
- ☐ Yes

Is anyone else liable on this claim?

- ☐ No
- ☒ Yes. Fill out Schedule H: Codebtors (Official Form 206H).

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

\$9,370.29\$48,390.00**3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.**\$484,353.25

Debtor **Flores Pediatrics, LLC**

Case number (if known) _____

Name

Part 1: Additional Page*Column A***Amount of claim**

Do not deduct the value of collateral.

*Column B***Value of collateral that supports this claim**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

2.2 Creditor's name**US Small Business Administration**

Creditor's mailing address

Covid EIDL Service Center**14925 Kingsport Road****Fort Worth, TX 76155**

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number **7 4 0 3**

Do multiple creditors have an interest in the same property?

☐ No☒ Yes. Have you already specified the relative priority?☐ No. Specify each creditor, including this creditor, and its relative priority.☒ Yes. The relative priority of creditors is specified on lines **2.1**

Describe debtor's property that is subject to a lien

2 HP Laptops, 4 Brother printers, 9 Dell computers, InterBank, Medical equipment, Patient list, Server, Spirometer, Tables, chairs, desk and patient bed, Accounts receivable, Medical supplies

Describe the lien

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☒ No☐ Yes. Fill out Schedule H: Codebtors (Official Form 206H).

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed**\$474,982.96****\$48,390.00**

Debtor **Flores Pediatrics, LLC**
Name

Case number (if known)

Part 1: Additional Page

2.1 Creditor's name <u>Rapid Finance</u>	Specify each creditor, including this creditor, and its relative priority. <u>For 2 HP Laptops:</u> 1) US Small Business Administration; 2) Rapid Finance; <u>For 4 Brother printers:</u> 1) US Small Business Administration; 2) Rapid Finance; <u>For 9 Dell computers:</u> 1) US Small Business Administration; 2) Rapid Finance; <u>For Accounts receivable:</u> 1) Rapid Finance; 2) US Small Business Administration; <u>For InterBank:</u> 1) US Small Business Administration; 2) Rapid Finance; <u>For Medical equipment:</u> 1) US Small Business Administration; 2) Rapid Finance; <u>For Medical supplies:</u> 1) Rapid Finance; 2) US Small Business Administration; <u>For Patient list:</u> 1) US Small Business Administration; 2) Rapid Finance; <u>For Server:</u> 1) US Small Business Administration; 2) Rapid Finance; <u>For Spirometer:</u> 1) US Small Business Administration; 2) Rapid Finance; <u>For Tables, chairs, desk and patient bed:</u> 1) US Small Business Administration; 2) Rapid Finance
--	---

Fill in this information to identify the case:

Debtor name Flores Pediatrics, LLC

United States Bankruptcy Court for the:

Western District of Oklahoma

Case number (if known): _____

☐ Check if this is an amended filing**Official Form 206E/F****Schedule E/F: Creditors Who Have Unsecured Claims****12/15**

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims**1. Do any creditors have priority unsecured claims?** (See 11 U.S.C. § 507)☒ No. Go to Part 2.☐ Yes. Go to line 2.**2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part.** If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.**2.1****Priority creditor's name and mailing address**

Date or dates debt was incurred

Last 4 digits of account

number ____

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ____

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Is the claim subject to offset?

- ☐ No
☐ Yes

Total claim**Priority amount**

2.2**Priority creditor's name and mailing address**

Date or dates debt was incurred

Last 4 digits of account

number ____

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ____

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Is the claim subject to offset?

- ☐ No
☐ Yes

Debtor **Flores Pediatrics, LLC**
Name _____

Case number (if known) _____

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

Amount of claim**3.1** Nonpriority creditor's name and mailing addressAmerican ExpressPO Box 6031Carol Stream, IL 60197-6031

Date or dates debt was incurred _____

Last 4 digits of account number 1 0 0 9

As of the petition filing date, the claim is:

Check all that apply.☐ Contingent☐ Unliquidated☐ Disputed

Basis for the claim: _____

Is the claim subject to offset?

☒ No☐ Yes\$12,112.00**3.2** Nonpriority creditor's name and mailing addressAmerican ExpressPO Box 6031Carol Stream, IL 60197-6031

Date or dates debt was incurred _____

Last 4 digits of account number 1 0 0 7

As of the petition filing date, the claim is:

Check all that apply.☐ Contingent☐ Unliquidated☐ Disputed

Basis for the claim: _____

Is the claim subject to offset?

☒ No☐ Yes\$35,942.00**3.3** Nonpriority creditor's name and mailing addressCardmember Service - Bankers Healthcare GroupPO Box 306005Nashville, TN 37230

Date or dates debt was incurred _____

Last 4 digits of account number 0 1 7 2

As of the petition filing date, the claim is:

Check all that apply.☐ Contingent☐ Unliquidated☐ Disputed

Basis for the claim: _____

Is the claim subject to offset?

☒ No☐ Yes\$53,072.00**3.4** Nonpriority creditor's name and mailing addressCathy and Javier Flores415 East Main Street Bldg. BYukon, OK 73099

Date or dates debt was incurred _____

Last 4 digits of account number — — — —

As of the petition filing date, the claim is:

Check all that apply.☐ Contingent☐ Unliquidated☐ Disputed

Basis for the claim: _____

Is the claim subject to offset?

☒ No☐ Yes\$55,000.00

Debtor Flores Pediatrics, LLC
Name _____

Case number (if known) _____

Part 2: Additional Page

3.5	Nonpriority creditor's name and mailing address <u>Chase</u> <u>PO Box 15123</u> <u>Wilmington, DE 19850-5123</u> Date or dates debt was incurred _____ Last 4 digits of account number <u>2 5 2 0</u>	As of the petition filing date, the claim is: <u>\$36,284.00</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.6	Nonpriority creditor's name and mailing address <u>Chase</u> <u>PO Box 15123</u> <u>Wilmington, DE 19850-5123</u> Date or dates debt was incurred _____ Last 4 digits of account number <u>2 0 6 8</u>	As of the petition filing date, the claim is: <u>\$19,654.00</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.7	Nonpriority creditor's name and mailing address <u>CompSource Business Services</u> <u>13204 North MacArthur Blvd</u> <u>Oklahoma City, OK 73142</u> Date or dates debt was incurred _____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <u>\$10,850.00</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>tax preparation services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor **Flores Pediatrics, LLC**

Name

Case number (if known)

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

		Total of claim amounts
5a. Total claims from Part 1	5a.	\$0.00
5b. Total claims from Part 2	5b. +	\$222,914.00
5c. Total of Parts 1 and 2 Lines 5a + 5b = 5c.	5c.	\$222,914.00

Fill in this information to identify the case:

Debtor name Flores Pediatrics, LLC

United States Bankruptcy Court for the:

Western District of OklahomaCase number (if known): _____ Chapter 11☐ Check if this is an amended filing**Official Form 206G****Schedule G: Executory Contracts and Unexpired Leases****12/15****Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, numbering the entries consecutively.**

1. Does the debtor have any executory contracts or unexpired leases?

☐ No. Check this box and file this form with the court with the debtor's other schedules. There is nothing else to report on this form.☒ Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B).**2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.1	State what the contract or lease is for and the nature of the debtor's interest	<u>Insurance contract</u>	<u>Aetna Medicaid Administrators, LLC</u>
		<u>Contract to be ASSUMED</u>	<u>c/ Aetna, Inc.</u>
	State the term remaining	<u>0 months</u>	<u>4500 E. Cotton Center Blvd.</u>
	List the contract number of any government contract		<u>Phoenix, AZ 85040</u>
2.2	State what the contract or lease is for and the nature of the debtor's interest	<u>Lease for office location</u>	<u>Barbara and David Deason</u>
		<u>Contract to be ASSUMED</u>	<u>2082 Lisa Way</u>
	State the term remaining	<u>0 months</u>	<u>Kingston, OK 73439</u>
	List the contract number of any government contract		
2.3	State what the contract or lease is for and the nature of the debtor's interest	<u>INSURANCE CONTRACT</u>	<u>CIGNA HEALTHCARE</u>
		<u>Contract to be ASSUMED</u>	<u>900 Cottage Grove Road</u>
	State the term remaining	<u>0 months</u>	<u>Bloomfield, CT 06002</u>
	List the contract number of any government contract		
2.4	State what the contract or lease is for and the nature of the debtor's interest	<u>Insurance contract</u>	<u>Humana Horizons</u>
		<u>Contract to be ASSUMED</u>	<u>PO Box 14611</u>
	State the term remaining	<u>0 months</u>	<u>Lexington, KY 40512-4611</u>
	List the contract number of any government contract		

Debtor Flores Pediatrics, LLC
Name _____

Case number (if known) _____

Additional Page if Debtor Has More Executory Contracts or Unexpired Leases

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.5	State what the contract or lease is for and the nature of the debtor's interest	<u>Insurance contract</u> <u>Contract to be ASSUMED</u>	<u>Multiplan</u> <u>115 Fifth Avenue, 7th Floor</u>
	State the term remaining	<u>0 months</u>	<u>New York, NY 10003-1004</u>
	List the contract number of any government contract	_____	
2.6	State what the contract or lease is for and the nature of the debtor's interest	<u>Insurance contract</u> <u>Contract to be ASSUMED</u>	<u>Oklahoma Complete Health</u> <u>Internal Contracting</u>
	State the term remaining	<u>0 months</u>	<u>7700 Forsyth Blvd.</u>
	List the contract number of any government contract	_____	<u>Saint Louis, MO 63105</u>
2.7	State what the contract or lease is for and the nature of the debtor's interest	<u>Medicaid contract</u> <u>Contract to be ASSUMED</u>	<u>Oklahoma Health Care Authority</u> <u>4345 N. Lincoln Blvd.</u>
	State the term remaining	<u>0 months</u>	<u>Oklahoma City, OK 73105</u>
	List the contract number of any government contract	_____	

Fill in this information to identify the case:

Debtor name Flores Pediatrics, LLCUnited States Bankruptcy Court for the: Western District of Oklahoma
(State)

Case number (If known): _____

☐ Check if this is an amended filing

Official Form 206H

Schedule H: Codebtors

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.**1. Does the debtor have any codebtors?**☐ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.☒ Yes**2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.**

Column 1: Codebtor		Column 2: Creditor	
Name	Mailing address	Name	Check all schedules that apply:
2.1 <u>Cathy Flores</u>	<u>418 East Main Street Building B</u> Street <u>Yukon, OK 73099</u> City State ZIP Code	<u>Rapid Finance</u>	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.2 _____	_____ Street _____ City State ZIP Code	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.3 _____	_____ Street _____ City State ZIP Code	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.4 _____	_____ Street _____ City State ZIP Code	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G

Debtor **Flores Pediatrics, LLC**
 Name _____

Case number (if known) _____

Additional Page if Debtor Has More Codebtors

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor		Column 2: Creditor	
Name	Mailing address	Name	Check all schedules that apply:
2.5	<div>_____</div> <div>Street</div> <div>_____</div> <div>_____</div> <div>City State ZIP Code</div>	<div>_____</div> <div> <input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G </div>	
2.6	<div>_____</div> <div>Street</div> <div>_____</div> <div>_____</div> <div>City State ZIP Code</div>	<div>_____</div> <div> <input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G </div>	

Fill in this information to identify the case:

Debtor name Flores Pediatrics, LLC

United States Bankruptcy Court for the:

Western District of Oklahoma

Case number (if known): _____

☐ Check if this is an amended filing**Official Form 202****Declaration Under Penalty of Perjury for Non-Individual Debtors****12/15**

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING – Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☒ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☒ *Schedule H: Codebtors* (Official Form 206H)
- ☒ *A Summary of Assets and Liabilities for Non-Individuals* (Official Form 206A-Summary)
- ☐ *Amended Schedule* _____
- ☒ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☐ Other document that requires a declaration _____

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 11/01/2024
MM/ DD/ YYYY

X/s/ Catherine Flores

Signature of individual signing on behalf of debtor

Catherine Flores

Printed name

Member/Owner

Position or relationship to debtor

Fill in this information to identify the case:

Debtor name Flores Pediatrics, LLC

United States Bankruptcy Court for the:

Western District of OklahomaCase number (if known): _____ Chapter 11☐ Check if this is an amended filing**Official Form 206Sum****Summary of Assets and Liabilities for Non-Individuals****12/15****Part 1:** Summary of Assets**1. Schedule A/B: Assets—Real and Personal Property** (Official Form 206A/B)**1a. Real Property:**Copy line 88 from *Schedule A/B*.....\$0.00**1b. Total personal property:**Copy line 91A from *Schedule A/B*.....\$48,390.00**1c. Total of all property:**Copy line 92 from *Schedule A/B*.....\$48,390.00**Part 2:** Summary of Liabilities**2. Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 206D)Copy the total dollar amount listed in Column A, *Amount of claim*, from line 3 of *Schedule D*.....\$484,353.25**3. Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 206E/F)**3a. Total claim amounts of priority unsecured claims:**Copy the total claims from Part 1 from line 5a of *Schedule E/F*.....\$0.00**3b. Total amount of claims of non-priority amount of unsecured claims:**Copy the total of the amount of claims from Part 2 from line 5b of *Schedule E/F*.....+ \$222,914.00**4. Total liabilities**.....

Lines 2 + 3a + 3b

\$707,267.25

Fill in this information to identify the case:

Debtor name Flores Pediatrics, LLC

United States Bankruptcy Court for the:

Western District of Oklahoma

Case number (if known): _____

☐ Check if this is an amended filing**Official Form 207****Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy** 04/22

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

Part 1: Income**1. Gross revenue from business**☐ None

Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year

Sources of revenue

Check all that apply

Gross revenue

(before deductions and exclusions)

From the beginning of the fiscal year to filing date:

From 01/01/2024 to Filing date
MM/ DD/ YYYY☒ Operating a business\$606,250.00☐ Other _____

For prior year:

From 01/01/2023 to 12/31/2023
MM/ DD/ YYYY MM/ DD/ YYYY☒ Operating a business\$917,478.00☐ Other _____

For the year before that:

From 01/01/2022 to 12/31/2022
MM/ DD/ YYYY MM/ DD/ YYYY☐ Operating a business☐ Other _____**2. Non-business revenue**

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

☒ None

Description of sources of revenue

Gross revenue from each source

(before deductions and exclusions)

From the beginning of the fiscal year to filing date:

From 01/01/2024 to Filing date
MM/ DD/ YYYY

For prior year:

From 01/01/2023 to 12/31/2023
MM/ DD/ YYYY MM/ DD/ YYYY

For the year before that:

From 01/01/2022 to 12/31/2022
MM/ DD/ YYYY MM/ DD/ YYYY

Debtor **Flores Pediatrics, LLC**

Name

Case number (if known)

Part 2: List Certain Transfers Made Before Filing for Bankruptcy**3. Certain payments or transfers to creditors within 90 days before filing this case**

List payments or transfers—including expense reimbursements—to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$7,575. (This amount may be adjusted on 4/01/25 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

☒ None

Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer <i>Check all that apply</i>
3.1. _____ Creditor's name	_____	_____	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
City _____ State _____ ZIP Code _____			

4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or co-signed by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$7,575. (This amount may be adjusted on 4/01/25 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

☒ None

Insider's name and address	Dates	Total amount or value	Reasons for payment or transfer
4.1. _____ Creditor's name	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
City _____ State _____ ZIP Code _____			
Relationship to debtor			

5. Repossessions, foreclosures, and returns

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

☒ None

Creditor's name and address	Description of the property	Date	Value of property

Debtor **Flores Pediatrics, LLC**

Case number (if known) _____

Name

5.1.

Creditor's name

Street

City State ZIP Code

6. Setoffs

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

☒ None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
-----------------------------	---	-----------------------	--------

6.1.

Creditor's name

XXXX- _ _ _ _

Street

City State ZIP Code

Part 3: Legal Actions or Assignments**7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits**

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

☒ None

7.1.

Case title	Nature of case	Court or agency's name and address	Status of case
_____	_____	_____	<input type="checkbox"/> Pending
		Name	<input type="checkbox"/> On appeal
		_____	<input type="checkbox"/> Concluded
		Street	

		City State ZIP Code	

8. Assignments and receivership

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

☒ None

Debtor **Flores Pediatrics, LLC**

Case number (if known) _____

Name _____

8.1.

Custodian's name and address**Description of the property****Value**

Custodian's name _____

Case title**Court name and address**

Street _____

Name _____

City _____ State _____ ZIP Code _____

Case number

Street _____

Date of order or assignment

City _____ State _____ ZIP Code _____

Part 4: Certain Gifts and Charitable Contributions**9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000**☒ None

9.1.

Recipient's name and address**Description of the gifts or contributions****Dates given****Value**

Recipient's name _____

Street _____

City _____ State _____ ZIP Code _____

Recipient's relationship to debtor**Part 5: Certain Losses****10. All losses from fire, theft, or other casualty within 1 year before filing this case.**☒ None**Description of the property lost and how the loss occurred****Amount of payments received for the loss**

If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received.

List unpaid claims on Official Form 106A/B (*Schedule A/B: Assets – Real and Personal Property*).**Date of loss****Value of property lost**

10.1.

Part 6: Certain Payments or Transfers**11. Payments related to bankruptcy**

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

☐ None

Debtor **Flores Pediatrics, LLC** Case number (if known) _____

Name

11.1.	Who was paid or who received the transfer?	If not money, describe any property transferred	Dates	Total amount or value
	Blackwood Law Firm, PLLC	Attorney's Fee	10/25/2024	\$4,840.00
	Address 512 NW 12th Street Street Oklahoma City, OK 73103 City State ZIP Code Email or website address amanda@blackwoodlawfirm.com Who made the payment, if not debtor? 			

11.2.	Who was paid or who received the transfer?	If not money, describe any property transferred	Dates	Total amount or value
	Hammond Law Firm, PLLC		10/25/2024	\$4,005.00
	Address 512 NW 12th Street Street Oklahoma City, OK 73103 City State ZIP Code Email or website address Who made the payment, if not debtor? 			

12. Self-settled trusts of which the debtor is a beneficiary

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.

Do not include transfers already listed on this statement.

☒ None

12.1.	Name of trust or device	Describe any property transferred	Dates transfers were made	Total amount or value
	Trustee 			

Debtor **Flores Pediatrics, LLC**

Name

Case number (if known)

13. Transfers not already listed on this statement

List any transfers of money or other property—by sale, trade, or any other means—made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

☒ None

13.1.	Who received the transfer?	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value
	<div>Address</div> <div>Street</div> <div>City State ZIP Code</div> <div>Relationship to debtor</div>			

Part 7: Previous Locations**14. Previous addresses**

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

☒ Does not apply

14.1.	Address	Dates of occupancy
	<div>Street</div> <div>City State ZIP Code</div>	From _____ To _____

Part 8: Health Care Bankruptcies**15. Health Care bankruptcies**

Is the debtor primarily engaged in offering services and facilities for:
 —diagnosing or treating injury, deformity, or disease, or
 —providing any surgical, psychiatric, drug treatment, or obstetric care?

☐ No. Go to Part 9.☒ Yes. Fill in the information below.

Debtor

Flores Pediatrics, LLC

Case number (if known) _____

Name

Facility name and address

Nature of the business operation, including type of services the debtor provides

If debtor provides meals and housing, number of patients in debtor's care

15.1. **Flores Pediatrics, LLC****Pediatric clinic**

Facility name

415 East Main Street Bldg B

Street

Yukon, OK 73099

City

State

ZIP Code

Location where patient records are maintained(if different from facility address). If electronic, identify any service provider.

415 East Main Street Yukon, OK 73099

How are records kept?

Check all that apply:

☐ Electronically☐ Paper**Part 9: Personally Identifiable Information****16. Does the debtor collect and retain personally identifiable information of customers?**☐ No.☒ Yes. State the nature of the information collected and retained. **Dates of birth, social security numbers**

Does the debtor have a privacy policy about that information?

☐ No☒ Yes**17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b) or other pension or profit-sharing plan made available by the debtor as an employee benefit?**☒ No. Go to Part 10.☐ Yes. Does the debtor serve as plan administrator?☐ No. Go to Part 10.☐ Yes. Fill in below:

Name of plan

Employer identification number of the plan

EIN: _ _ _ - _ _ _ _ _ _

Has the plan been terminated?

☐ No☐ Yes**Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units****18. Closed financial accounts**

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

☒ None

Financial institution name and address

Last 4 digits of account number

Type of account

Date account was closed, sold, moved, or transferred

Last balance before closing or transfer

18.1

Name

XXXX- _ _ _ _

☐ Checking☐ Savings☐ Money market☐ Brokerage☐ Other

Street

City

State

ZIP Code

Debtor **Flores Pediatrics, LLC**

Case number (if known) _____

19. Safe deposit boxes

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

☒ None

19.1	Depository institution name and address	Names of anyone with access to it	Description of the contents	Does debtor still have it?
	Name			<input type="checkbox"/> No
	Street			<input type="checkbox"/> Yes
	City	Address		
	State			
	ZIP Code			

20. Off-premises storage

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

☒ None

20.1	Facility name and address	Names of anyone with access to it	Description of the contents	Does debtor still have it?
	Name			<input type="checkbox"/> No
	Street			<input type="checkbox"/> Yes
	City	Address		
	State			
	ZIP Code			

Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own**21. Property held for another**

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

☒ None

Owner's name and address	Location of the property	Description of the property	Value
Name			
Street			
City			
State			
ZIP Code			

Part 12: Details About Environmental Information

For the purpose of Part 12, the following definitions apply:

- *Environmental law* means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).
- *Site* means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.

Debtor **Flores Pediatrics, LLC**

Case number (if known) _____

Name

- ☐ **Hazardous material** means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

Report all notices, releases, and proceedings known, regardless of when they occurred.

22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

☒ No☐ Yes. Provide details below.

Case title	Court or agency name and address	Nature of the case	Status of case
_____	_____	_____	<input type="checkbox"/> Pending
Case number	Name	_____	<input type="checkbox"/> On appeal
_____	Street	_____	<input type="checkbox"/> Concluded
_____	_____	_____	
_____	City State ZIP Code	_____	

23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?

☒ No☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
_____	_____	_____	_____
Name	Name	_____	
_____	_____	_____	
Street	Street	_____	
_____	_____	_____	
_____	_____	_____	
City State ZIP Code	City State ZIP Code	_____	

24. Has the debtor notified any governmental unit of any release of hazardous material?

☒ No☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
_____	_____	_____	_____
Name	Name	_____	
_____	_____	_____	
Street	Street	_____	
_____	_____	_____	
_____	_____	_____	
City State ZIP Code	City State ZIP Code	_____	

Part 13: Details About the Debtor's Business or Connections to Any Business

25. Other businesses in which the debtor has or has had an interest

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

☒ None

Debtor **Flores Pediatrics, LLC**

Case number (if known) _____

Name

Business name and address**Describe the nature of the business****Employer Identification number**

Do not include Social Security number or ITIN.

25.1.

EIN: _ _ - _ _ - _ _ - _

Name

Dates business existed

Street

From _____ To _____

City State ZIP Code

26. Books, records, and financial statements

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

☐ None**Name and address****Dates of service**26a.1. **CompSource Business Services**From _____ To **current**

Name

13204 North MacArthur Blvd

Street

Oklahoma City, OK 73142

City State ZIP Code

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

☐ None**Name and address****Dates of service**26b.1. **CompSource Business Services**From _____ To **current**

Name

13204 North MacArthur Blvd

Street

Oklahoma City, OK 73142

City State ZIP Code

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

☐ None**Name and address****If any books of account and records are unavailable, explain why**26c.1. **CompSource Business Services**

Name

13204 North MacArthur Blvd

Street

Oklahoma City, OK 73142

City State ZIP Code

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

☒ None

Debtor **Flores Pediatrics, LLC**

Case number (if known) _____

Name

Name and address

26d.1.

Name

Street

City

State

ZIP Code

27. Inventories

Have any inventories of the debtor's property been taken within 2 years before filing this case?

☒ No☐ Yes. Give the details about the two most recent inventories.**Name of the person who supervised the taking of the inventory****Date of
inventory****The dollar amount and basis (cost, market, or
other basis) of each inventory****Name and address of the person who has possession of inventory records**

27.1.

Name

Street

City

State

ZIP Code

28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.

Name	Address	Position and nature of any interest	% of interest, if any
<u>Catherine Flores</u>	_____	<u>Owner, Owner</u>	<u>50.00%</u>
<u>Javier Flores</u>	_____	<u>Owner, Owner</u>	<u>50.00%</u>

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?☒ No☐ Yes. Identify below.

Name	Address	Position and nature of any interest	Period during which position or interest was held
------	---------	-------------------------------------	---

From _____

To _____

30. Payments, distributions, or withdrawals credited or given to insiders

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

☒ No☐ Yes. Identify below.

Debtor **Flores Pediatrics, LLC**

Case number (if known) _____

Name

Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
-------------------------------	--	-------	--------------------------------

30.1.

Name

Street

City

State

ZIP Code

Relationship to debtor

31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

☒ No☐ Yes. Identify below.

Name of the parent corporation

Employer Identification number of the parent corporation

EIN: _ _ - _ _ _ _ _

32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

☒ No☐ Yes. Identify below.

Name of the pension fund

Employer Identification number of the pension fund

EIN: _ _ - _ _ _ _ _

Part 14: Signature and Declaration

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 11/01/2024
MM/ DD/ YYYY

X**/s/ Catherine Flores**

Printed name

Catherine Flores

Signature of individual signing on behalf of the debtor

Position or relationship to debtor **Member/Owner**Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?☒ No☐ Yes

Fill in this information to identify the case:

Debtor name Flores Pediatrics, LLC

United States Bankruptcy Court for the:

Western District of Oklahoma

Case number (if known): _____

☐ Check if this is an amended filing**Official Form 204****Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders****12/15**

A list of creditors holding the 20 largest unsecured claims must be filed in a Chapter 11 or Chapter 9 case. Include claims which the debtor disputes. Do not include claims by any person or entity who is an *insider*, as defined in 11 U.S.C. § 101(31). Also, do not include claims by secured creditors, unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

	Name of creditor and complete mailing address, including zip code	Name, telephone number, and email address of creditor contact	Nature of the claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of unsecured claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
					Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
1	US Small Business Administration Covid EIDL Service Center 14925 Kingsport Road Fort Worth, TX 76155				\$474,982.96	\$48,390.00	\$435,963.25
2	Cathy and Javier Flores 415 East Main Street Bldg. B Yukon, OK 73099						\$55,000.00
3	Cardmember Service - Bankers Healthcare Group PO Box 306005 Nashville, TN 37230						\$53,072.00
4	Chase PO Box 15123 Wilmington, DE 19850-5123						\$36,284.00
5	American Express PO Box 6031 Carol Stream, IL 60197-6031						\$35,942.00
6	Chase PO Box 15123 Wilmington, DE 19850-5123						\$19,654.00
7	American Express PO Box 6031 Carol Stream, IL 60197-6031						\$12,112.00
8	CompSource Business Services 13204 North MacArthur Blvd Oklahoma City, OK 73142		tax preparation services				\$10,850.00

Debtor **Flores Pediatrics, LLC**

Name

Case number (if known)

	Name of creditor and complete mailing address, including zip code	Name, telephone number, and email address of creditor contact	Nature of the claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of unsecured claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
					Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							

B2030 (Form 2030) (12/15)

United States Bankruptcy Court

Western District of Oklahoma

In re Flores Pediatrics, LLC

Case No. _____

DebtorChapter 11

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept **\$4,840.00**

Prior to the filing of this statement I have received **\$4,840.00**

Balance Due **\$0.00**

2. The source of the compensation paid to me was:

☒ Debtor ☐ Other (specify)

3. The source of compensation to be paid to me is:

☒ Debtor ☐ Other (specify)

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with a other person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- d. Debtor paid a \$10,000 retainer. Prior to the case being filed \$4,840 was paid to Blackwood Law Firm and \$4,005 was paid to Hammond Law Firm. The remaining balance of the retainer remains in counsel's trust account. All post-petition work will be billed at \$450 an hour.

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

B2030 (Form 2030) (12/15)

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

11/01/2024

Date

/s/ Amanda R. Blackwood

Amanda R. Blackwood

Signature of Attorney

Bar Number: 33839
Blackwood Law Firm, PLLC
512 NW 12th Street
Oklahoma City, OK 73103
Phone: (405) 309-3600

Blackwood Law Firm, PLLC

Name of law firm

IN THE UNITED STATES BANKRUPTCY COURT
WESTERN DISTRICT OF OKLAHOMA
OKLAHOMA CITY DIVISION

IN RE: **Flores Pediatrics, LLC**

CASE NO

CHAPTER 11

VERIFICATION OF CREDITOR MATRIX

The above named Debtor hereby verifies that the attached list of creditors is true and correct to the best of his/her knowledge.

Date 11/01/2024

Signature /s/ Catherine Flores
Catherine Flores, Member/Owner

Aetna Medicaid
Administrators, LLC
c/ Aetna, Inc.
4500 E. Cotton Center Blvd.
Phoenix, AZ 85040

American Express
PO Box 6031
Carol Stream, IL 60197-6031

Barbara and David Deason
2082 Lisa Way
Kingston, OK 73439

Cardmember Service -
Bankers Healthcare Group
PO Box 306005
Nashville, TN 37230

Cathy and Javier Flores
415 East Main Street Bldg. B
Yukon, OK 73099

Cathy Flores
418 East Main Street Building B
Yukon, OK 73099

Chase
PO Box 15123
Wilmington, DE 19850-5123

CIGNA HEALTHCARE
900 Cottage Grove Road
Bloomfield, CT 06002

CompSource Business
Services
13204 North MacArthur Blvd
Oklahoma City, OK 73142

Humana Horizons
PO Box 14611
Lexington, KY 40512-4611

Multiplan
115 Fifth Avenue, 7th Floor
New York, NY 10003-1004

Oklahoma Complete Health
Internal Contracting
7700 Forsyth Blvd.
Saint Louis, MO 63105

Oklahoma Health Care
Authority
4345 N. Lincoln Blvd.
Oklahoma City, OK 73105

Rapid Finance
4500 East West Highway 6th Floor
Bethesda, MD 20814

US Small Business
Administration
Covid EIDL Service Center
14925 Kingsport Road
Fort Worth, TX 76155

United States Bankruptcy Court
Western District of Oklahoma

In re Flores Pediatrics, LLC

Debtor(s)

Case No. _____

Chapter _____

11

CORPORATE OWNERSHIP STATEMENT (RULE 7007.1)

Pursuant to Federal Rule of Bankruptcy Procedure 7007.1 and to enable the Judges to evaluate possible disqualification or recusal, the undersigned counsel for Flores Pediatrics, LLC in the above captioned action, certifies that the following is a (are) corporation(s), other than the debtor or a governmental unit, that directly or indirectly own(s) 10% or more of any class of the corporation's(s') equity interests, or states that there are no entities to report under FRBP 7007.1:

☒ None [Check if applicable]

11/01/2024

Date

/s/ Amanda R. Blackwood

Amanda R. Blackwood

Signature of Attorney or Litigant

Counsel for Flores Pediatrics, LLC

Bar Number: 33839

Blackwood Law Firm, PLLC

512 NW 12th Street

Oklahoma City, OK 73103

Phone: (405) 309-3600

Email: amanda@blackwoodlawfirm.com